



General Assembly

**Substitute Bill No. 4**

February Session, 2004

\* SB00004AGEPH030304 \*

**AN ACT CONCERNING THE PATIENTS' BILL OF RIGHTS FOR  
RESIDENTS OF NURSING HOMES AND CHRONIC DISEASE  
HOSPITALS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Subsection (b) of section 19a-550 of the general statutes is  
2 repealed and the following is substituted in lieu thereof (*Effective*  
3 *October 1, 2004*):

4 (b) There is established a patients' bill of rights for any person  
5 admitted as a patient to any nursing home facility or chronic disease  
6 hospital. The patients' bill of rights shall be implemented in accordance  
7 with the provisions of Sections 1919(b), 1919(c), 1919(c)(2),  
8 1919(c)(2)(D) and 1919(c)(2)(E) of the Social Security Act. The patients'  
9 bill of rights shall provide that each such patient: (1) Is fully informed,  
10 as evidenced by the patient's written acknowledgment, prior to or at  
11 the time of admission and during the patient's stay, of the rights set  
12 forth in this section and of all rules and regulations governing patient  
13 conduct and responsibilities; (2) is fully informed, prior to or at the  
14 time of admission and during the patient's stay, of services available in  
15 the facility, and of related charges including any charges for services  
16 not covered under Titles XVIII or XIX of the Social Security Act, or not  
17 covered by basic per diem rate; (3) is entitled to choose the patient's  
18 own physician and is fully informed, by a physician, of the patient's  
19 medical condition unless medically contraindicated, as documented by

20 the physician in the patient's medical record, and is afforded the  
21 opportunity to participate in the planning of the patient's medical  
22 treatment and to refuse to participate in experimental research; (4) in a  
23 residential care home or a chronic disease hospital is transferred from  
24 one room to another within the facility only for medical reasons, or for  
25 the patient's welfare or that of other patients, as documented in the  
26 patient's medical record and such record shall include documentation  
27 of action taken to minimize any disruptive effects of such transfer,  
28 except a patient who is a Medicaid recipient may be transferred from a  
29 private room to a nonprivate room, provided no patient may be  
30 involuntarily transferred from one room to another within the facility  
31 if (A) it is medically established that the move will subject the patient  
32 to a reasonable likelihood of serious physical injury or harm, or (B) the  
33 patient has a prior established medical history of psychiatric problems  
34 and there is psychiatric testimony that as a consequence of the  
35 proposed move there will be exacerbation of the psychiatric problem  
36 which would last over a significant period of time and require  
37 psychiatric intervention; and in the case of an involuntary transfer  
38 from one room to another within the facility, the patient and, if known,  
39 the patient's legally liable relative, guardian or conservator or a person  
40 designated by the patient in accordance with section 1-56r, as  
41 amended, is given at least thirty days' and no more than sixty days'  
42 written notice to ensure orderly transfer from one room to another  
43 within the facility, except where the health, safety or welfare of other  
44 patients is endangered or where immediate transfer from one room to  
45 another within the facility is necessitated by urgent medical need of  
46 the patient or where a patient has resided in the facility for less than  
47 thirty days, in which case notice shall be given as many days before the  
48 transfer as practicable; (5) is encouraged and assisted, throughout the  
49 patient's period of stay, to exercise the patient's rights as a patient and  
50 as a citizen, and to this end, has the right to be fully informed about  
51 patients' rights by state or federally funded patient advocacy  
52 programs, and may voice grievances and recommend changes in  
53 policies and services to facility staff or to outside representatives of the  
54 patient's choice, free from restraint, interference, coercion,

55 discrimination or reprisal; (6) shall have prompt efforts made by the  
56 facility to resolve grievances the patient may have, including those  
57 with respect to the behavior of other patients; (7) may manage the  
58 patient's personal financial affairs, and is given a quarterly accounting  
59 of financial transactions made on the patient's behalf; (8) is free from  
60 mental and physical abuse, corporal punishment, involuntary  
61 seclusion and any physical or chemical restraints imposed for  
62 purposes of discipline or convenience and not required to treat the  
63 patient's medical symptoms. Physical or chemical restraints may be  
64 imposed only to ensure the physical safety of the patient or other  
65 patients and only upon the written order of a physician that specifies  
66 the type of restraint and the duration and circumstances under which  
67 the restraints are to be used, except in emergencies until a specific  
68 order can be obtained, provided a patient or the patient's legally liable  
69 relative, guardian or conservator or a person designated by the patient  
70 in accordance with section 1-56r, as amended, may consent to the use  
71 of a restraint in accordance with this section after being provided with  
72 written patient information that indicates, in plain language, the  
73 possible contraindications and risks pertaining to the specific restraint  
74 consistent with the guidance to surveyors at tag numbers F221 and  
75 F222 in the Medicare State Operations Manual Appendix PP published  
76 by the Centers for Medicare and Medicaid Services, or any subsequent  
77 corresponding guidance to surveyors; (9) is assured confidential  
78 treatment of the patient's personal and medical records, and may  
79 approve or refuse their release to any individual outside the facility,  
80 except in case of the patient's transfer to another health care institution  
81 or as required by law or third-party payment contract; (10) receives  
82 quality care and services with reasonable accommodation of  
83 individual needs and preferences, except where the health or safety of  
84 the individual would be endangered, and is treated with  
85 consideration, respect, and full recognition of the patient's dignity and  
86 individuality, including privacy in treatment and in care for the  
87 patient's personal needs; (11) is not required to perform services for the  
88 facility that are not included for therapeutic purposes in the patient's  
89 plan of care; (12) may associate and communicate privately with

90 persons of the patient's choice, including other patients, send and  
91 receive the patient's personal mail unopened and make and receive  
92 telephone calls privately, unless medically contraindicated, as  
93 documented by the patient's physician in the patient's medical record,  
94 and receives adequate notice before the patient's room or roommate in  
95 the facility is changed; (13) is entitled to organize and participate in  
96 patient groups in the facility and to participate in social, religious and  
97 community activities that do not interfere with the rights of other  
98 patients, unless medically contraindicated, as documented by the  
99 patient's physician in the patient's medical records; (14) may retain and  
100 use the patient's personal clothing and possessions unless to do so  
101 would infringe upon rights of other patients or unless medically  
102 contraindicated, as documented by the patient's physician in the  
103 patient's medical record; (15) is assured privacy for visits by the  
104 patient's spouse or a person designated by the patient in accordance  
105 with section 1-56r, as amended, and, if the patient is married and both  
106 the patient and the patient's spouse are inpatients in the facility, they  
107 are permitted to share a room, unless medically contraindicated, as  
108 documented by the attending physician in the medical record; (16) is  
109 fully informed of the availability of and may examine all current state,  
110 local and federal inspection reports and plans of correction; (17) may  
111 organize, maintain and participate in a patient-run resident council, as  
112 a means of fostering communication among residents and between  
113 residents and staff, encouraging resident independence and  
114 addressing the basic rights of nursing home and chronic disease  
115 hospital patients and residents, free from administrative interference  
116 or reprisal; (18) is entitled to the opinion of two physicians concerning  
117 the need for surgery, except in an emergency situation, prior to such  
118 surgery being performed; (19) is entitled to have the patient's family or  
119 a person designated by the patient in accordance with section 1-56r, as  
120 amended, meet in the facility with the families of other patients in the  
121 facility to the extent the facility has existing meeting space available  
122 which meets applicable building and fire codes; (20) is entitled to file a  
123 complaint with the Department of Social Services and the Department  
124 of Public Health regarding patient abuse, neglect or misappropriation

125 of patient property; (21) is entitled to have psychopharmacologic drugs  
 126 administered only on orders of a physician and only as part of a  
 127 written plan of care developed in accordance with Section 1919(b)(2) of  
 128 the Social Security Act and designed to eliminate or modify the  
 129 symptoms for which the drugs are prescribed and only if, at least  
 130 annually, an independent external consultant reviews the  
 131 appropriateness of the drug plan; (22) is entitled to be transferred or  
 132 discharged from the facility only pursuant to section 19a-535, as  
 133 amended, or section 19a-535b, as applicable; (23) is entitled to be  
 134 treated equally with other patients with regard to transfer, discharge  
 135 and the provision of all services regardless of the source of payment;  
 136 (24) shall not be required to waive any rights to benefits under  
 137 Medicare or Medicaid or to give oral or written assurance that the  
 138 patient is not eligible for, or will not apply for benefits under Medicare  
 139 or Medicaid; (25) is entitled to be provided information by the facility  
 140 as to how to apply for Medicare or Medicaid benefits and how to  
 141 receive refunds for previous payments covered by such benefits; (26)  
 142 on or after October 1, 1990, shall not be required to give a third party  
 143 guarantee of payment to the facility as a condition of admission to, or  
 144 continued stay in, the facility; (27) in the case of an individual who is  
 145 entitled to medical assistance, is entitled to have the facility not charge,  
 146 solicit, accept or receive, in addition to any amount otherwise required  
 147 to be paid under Medicaid, any gift, money, donation or other  
 148 consideration as a precondition of admission or expediting the  
 149 admission of the individual to the facility or as a requirement for the  
 150 individual's continued stay in the facility; and (28) shall not be  
 151 required to deposit the patient's personal funds in the facility.

This act shall take effect as follows:	
Section 1	October 1, 2004

AGE Joint Favorable Subst. C/R

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